



Sacred Heart Catholic Church
Faith Formation Office
2019 – 2020 First Communion Application

Staff Initials & Date
____ / ____ / ____

Student's Last Name: _____
Student's Given First Name: _____
Student's Preferred Name: _____

Where is your Student receiving formal faith formation classes this year? (Circle below)

2nd Grade First Communion Classes: Monday: Session I (4:45-6:00pm) or Session II (6:30-7:45pm)
Tuesday: Session I (4:45-6:00pm) or Session II (6:30-7:45pm)

Catholic School attending: Aquinas Seton School Linton Hall School

Homeschool: Appointment with DRE for approval ____ initials

Name of school your student currently attends: _____
Grade in school (year of application): _____

Parent Information:

Father's Name: _____ Cell Phone: _____
Mother's Name: _____ Cell Phone: _____
Mother's Maiden Name: _____ Home Phone: _____

Family Home Address:
Street# _____ City _____ Zip _____

BEST EMAIL ADDRESS: _____

Birth Information:

Date of birth: ____/____/____
Sex: _____
Child's Place of Birth (city & state):

Baptismal Information:

(Provide Copy of Certificate with this form for recording)

Date of Baptism: ____/____/____

Church of Baptism: _____

Complete Mailing Address: (include out of country address)

Profession of Faith (office use only)

NOTES:
